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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

L D ORLANDO, LLC

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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L07/21/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
L D Orlando, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**933 Lee Road, Suite 400
Orlando, FL 32810**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Robert N. Johnson

Name

400 Lee Road, Suite 400

Florida street address

Orlando, Florida 32810

City, State, and Zip

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FLORIDA DEPARTMENT OF
CORPORATIONS

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 606m F.S.

Robert N. Johnson
Registered Agent's Signature

ARTICLE IV - Management:

(X) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Robert N. Johnson
Signature of a member or an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert N. Johnson

Typed or printed name of the signer